

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Mission Safety Officer**

NAME (Last, First, MI)	CAPID	DATE ISSUED
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**Prerequisites**

Item	Date Completed
Qualified GES	
At least 21 years of age	

The above listed member has completed the required prerequisite training for the mission safety officer specialty.

\_\_\_\_\_  
 UNIT/WING/REGION COMMANDER OR  
 AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
 DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the mission safety officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
 UNIT/WING/REGION COMMANDER OR  
 AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
 DATE

**Advanced Training**

Evaluator's CAPID and  
Date Completed

Task

Complete Task C-0002 Mission Safety Inspection	
Complete Task C-0003 Analyze safety of mission operations	
Complete Task C-0004 Conduct Ground Team Safety Briefing	
Complete Task C-0005 Conduct Aircrew Safety Briefing	
Complete Task C-0006 Reporting & Handling Mishaps involving CAP personnel	
Complete Task C-0007 Preparing safety guidance for non-participants	
Complete Task C-0008 Monitor crew rest, fatigue, and stress	
Complete Task P-1001 Develop aircraft & ground operations safety plan	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Basic Communications User Training	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a mission safety officer trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as a mission safety officer trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the mission safety officer specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE